

THE PADRECC POST



The Philadelphia VA Parkinson's Disease Research, **Education and Clinical Center**

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Have You Noticed A New Face at the PADRECC???



Dr. Galit Kleiner-Fisman joined the PADRECC team this summer and is the PADRECC's new Attending Physician and Associate Clinical Director, as well as, Assistant Professor of Neurology at the University of Pennsylvania. She received her undergraduate degree from the University of Alberta and medical degree from McGill Universtiy. Dr. Kleiner-Fisman completed her training in Neurology at Beth Israel Deaconess Medical Center in Boston and her fellowship in movement disorders at Toronto Western Hosptial.

Dr. Kleiner-Fisman is an active member of the American Academy of Neurology (AAN) and the National VA Parkinson's Disease Consortium Research subcommittee. She is a reviewer for Movement Disorders Journal, has authored or co-authored numerous chapters and articles and has presented lectures nationally. Dr. Kleiner-Fisman's areas of interest include non-motor fluctuations of PD and surgical interventions.

Dr. Kleiner-Fisman is well trained and experienced in the field of PD and related movement disorders but, above all else, she is enthusiastic and compassionate in her work with patients and families. She is a wonderful addition to the PADRECC team so, please be sure to say "Hello" to her at your next PADRECC clinic visit!

PADRECC Support Groups Coming Soon

Many of you responded in favor of having a PADRECC Support Group for patients and caregivers. Therefore, we are happy to announce that the support groups will begin this **spring**. Flyers will be mailed out to announce dates and times of the groups. Sorry for the delay, but we felt the winter weather would make it difficult for many of you to attend.



Spotlight On the New Members of the PADRECC Team

Tsoe-Wei Liang, MD: Neurology Fellow: Dr. Tsao—Wei Liang graduated from John's Hopkins University in Baltimore, Maryland with a bachelor's degree in biology and received his medical doctorate from New York University School of Medicine. He received his neurology training at the Hospital of the University of Pennsylvania. Dr. Tsao-Wei Liang has a special interest in the neuropsychiatric manifestations of PD and mechanisms of neurodegeneration. He is also working with Dr. John Duda on clinicopathological correlations in Lewy Body Disorders.

Grace Liang, MD: Neurology Fellow: Dr. Grace Liang graduated magna cum laude from Princeton University with a degree in molecular biology in 1994. She received her M.D. degree from the University of Pennsylvania School of Medicine in 1999, and completed her internship in Internal Medicine and Residency in Neurology a the Hospital of the University of Pennsylvania. Dr. Grace Liang is currently pursing a fellowship in Parkinson's Disease and Movement Disorders. She is interested in the genetics of neurological diseases and effects o new therapies such as surgery for movement disorders.

Julia E. Howard, MS, CCC-SLP: Philadelphia VA Speech-Language Pathologist: Ms. Howard provides speech language services to veterans throughout the Phila. VAMC and works closely with the PA-DRECC. She is certified by the American Speech-Language-Hearing Association (ASHA) and licensed by the state of New Jersey. In a specialty area of voice management for patients diagnosed with Parkinson's disease, Ms Howard has earned a certificate from Lee Silverman Voice Treatment Foundation. Prior to joining the VA team, Ms. Howard was a staff speech-language Pathologist at JFK Medical Center/Johnson Rehabilitation Institute. She received her Bachelor's Degree in Communication Disorders from Boston University, Boston, MA, and her Master of Science Degree in Speech-Language Pathology from Rush University College of Health Sciences, Chicago, IL.

Fall Prevention Education Fair

On November 14, 2003 the Philadelphia VA PADRECC hosted it's second patient education program entitled "Fall Prevention Education Fair." It was another successful program with an even bigger attendance than the first program held in June. Dr. Keith Robinson (PADRECC Rehabilitative Specialist) and Heather Cianci, PT, GCS (Physical Therapist at the Dan Aaron Parkinson's Rehab Center at Pennsyl-

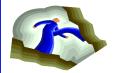
vania Hospital) gave presentations on the prevalence of falling in older adults, risks of falling, and practical fall prevention techniques. Like the previous education fair, there were door prizes and several people left the fair as winners!

If you would like a copy of Dr. Robinson's and Heather Cianci's presentations please contact the PADRECC at **215-823-5934** and ask that a copy be mailed to you. Also, check out the next page to learn some helpful Fall Prevention Techniques and Tips!

Keep your eye out for future PADRECC education fairs coming in the spring!



Dr. Keith Robinson and Heather Cianci at the Fall Prevention Fair



Fall Prevention Techniques

Reprinted with permission from Dan Aaron Parkinson's Rehabilitation Center, Pennsylvania Hospital

Fall prevention techniques, seem to be the best for helping people with PD.

- When walking, tell yourself to land with the heel striking down first.
- **DO NOT** pivot the body over feet when turning. Instead try:
 - A.) Making a "U-turn" while walking
 - B.) If you are standing in place & must turn, make sure the feet & the body move together. OR, first move the foot on the side you are turning to & then step around with the other foot & body together.
- Never lean your center of gravity (near the belly-button area) too far forward over your feet. If you must reach forward: A.) Widen your stance & place one foot ahead of the other B.) Stand directly in front of what you are reaching for.
- The moment you begin to **shuffle** or **freeze**, come to a complete stop. Take a deep breath & start again, focusing on your heel strike.
- Do not carry many things while you are walking. It has been shown that people with PD have difficulty performing more than one task at a time.
- If shuffling is a big problem, you may want to switch to leather-soled shoes.
- Avoid walking backwards, instead try moving sideways.
- When moving to stand from sitting:
 - A.) Scoot to the edge of the chair first & get your feet behind your knees
 - B.) Lean forward "nose over toes" and push to stand
 - C.) **STAND STILL** for a moment (smooth your clothes, fix your glasses, etc.) & then begin walking.
- When returning to sit, turn all the way around & make sure that both legs are touching the chair. Reach back with both arms to slowly lower yourself. **NEVER** reach forward for the chair & then turn to sit.
- Try not to move too quickly, **THINK** about what you are doing.
- Practice Good Posture & Remember to Stretch **DAILY**.

Fall Prevention Safety Checklist

- **Floors:** Remove tripping hazards such as loose wires, cords, and throw rugs. Minimize clutter and arrange furniture so that it creates plenty of room to walk freely. Make sure rugs are anchored and smooth.
- **Bathrooms:** Install grab bars next to the toilet and in the tub or shower and use non-slip mats in the bathtub and on shower floors. Consider placing a bedside commode or portable urinal in the bedroom.
- **Lighting:** Make sure hallways, stairways, and entrances are well lit. Install a night light in your bathroom.
- **Kitchen:** Install non-skid rubber mats near the sink and stove. Clean spills immediately.
- **Stairs:** Make sure treads, rails and rugs are secure. Install handrails on both sides of stairways.
- ♦ Other Precautions: Wear appropriate footwear that fit well, are supportive, and comfortable. Increase the height of beds, chairs, and toilet seats so that they are easy to get in and out of.

The Other Faces of Parkinson's Disease

By: Rebecca Martine, APRN, CS, BC



Did you know that up to **50%** of individuals diagnosed with PD also suffer from depression at some point during their illness? Although, depression has been

linked to many chronic diseases, research suggests that it may be even more common in PD. The degree of depressive symptoms can vary from vague complaints of sadness and diminished pleasure to major depression. Like PD, depression is caused by chemical imbalances in the brain. Detecting depression in this population can be difficult as symptoms are often camouflaged by parkinsonism. This causes patients and caregivers to mistake the signs of depression as symptoms of PD. As a result, depression commonly goes unrecognized and untreated. There are many ways to manage depression in PD, primarily with the use of medications and/or psychotherapy. It is important to discuss any changes in mood or personality with your clinician as depression can cause significant impairment to quality of life.

Common Signs & Symptoms of Depression

- Prolonged feelings of sadness
- Feelings of guilt
- Diminished appetite
- Excessive sleepiness or insomnia
- Restlessness
- Irritability
- Lack of interest or pleasure
- Poor ability to concentrate
- Thoughts of death or suicide



A Message From Merry

"Don't get into a bind by waiting until the last minute to refill your PD medications.

Call your refill into the VA

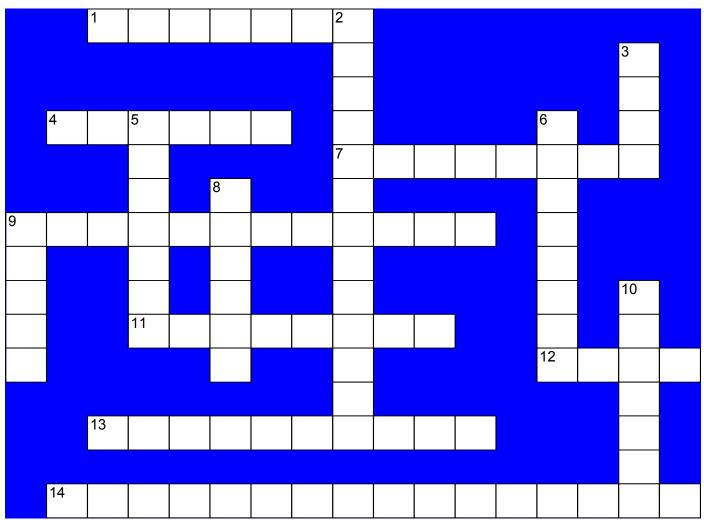
Pharmacy (215-823-6361)

ahead of time to allow time for mailing out of the medication."

"Be glad of life,
because it gives
you the chance
to love and to play and
to look up at
the stars."

-Henry Van Dyke Found on: www.inspirationpeak.com

Winter Crossword Puzzle



www.CrosswordWeaver.com

Across

- 1 What happens to water when it's cold
- 4 Gliding on snow using runners
- 7 Blinding snowstorm
- 9 Warm chocolately drink
- 11 Sliding down a snowy hill
- 12 Frozen water that falls to the ground in white flakes
- 13 Gliding on ice (2 words)
- 14 "Walking in a _____ (2 words)

Down

- War with frozen ammo
- 3 Not hot
- 5 Frozen water spikes
- Worn to protect the ears aginst the cold
- 8 Stick and puck sport
- 9 "Deck the Halls with Bails of"
- 10 Frosty the _____

PADRECC Clinical Research

In addition to the comprehensive clinical care the PADRECC provides to its veterans, there are numerous clinical research trials being conducted. The focus of the PADRECC research program is to conduct *clinical* and basic science research with a focus on non-motor symptoms of PD and related movement disorders. The following research is currently being conducted at the Philadelphia PADRECC. If you would like further information about any of these studies please ask your PADRECC clinician at your next clinic visit.

Research Project	Clinician(s)	Description
Deep Brain Stimulation (DBS)	Dr. Duda Dr. Kleiner-Fisman Lisette Bunting-Perry	This is a National study evaluating medication therapy and DBS in two different areas of the brain
Treatment of Levodopa-Induced Dyskinesias with Donepezil (LID)	Dr. Kleiner-Fisman Rebecca Martine Dr. John Duda	This study is evaluating the effect of Donepezil (Aricept) on levodopa-induced dyskinesias.
Depression in Parkinson's disease: Prevalence and Correlates	Dr. Weintraub	Study examining depression and other common psychiatric symptoms in PD.
Cognitive Therapy for Depression in Parkinson's Disease	Dr. Weintraub	This study uses a form of psychotherapy known as Cognitive Therapy to treat PD patients with depression.
Positive and Negative Affect in Parkinson's Disease	Dr. Weintraub	Study using a daily diary to measure mood disturbances in PD patients.
Escitalopram for the Treatment of Depression in Parkinson's Disease: A Pilot Study	Dr. Weintraub	Study evaluating the effect of a new antidepressant, Escitalopram, on depression in PD.
Olfactory Function as a Biomarker in PD	Dr. Moberg	This study is examining the sense of smell, which may be an early sign of PD in patients and first degree relatives
Infrared Light Beam Finger and Foot Tapping in PD	Dr. Moberg Dr. Robinson	Study using infrared light beam technology to assess upper and lower extremity movements in patients with PD.
Assessing the Executive Function Deficits of Patients with PD: Utility of the Tower of London-Drexel	Dr. Moberg	This study is examining frontal lobe dysfunctions in PD patients that can impair daily functioning.
Functional Outcome After Deep Brain Stimulation	Dr. Robinson	Study assessing the outcome of Deep Brain Stimulation patients in terms of overall function.
Postural Control During Turns in PD and Related Disorders	Dr. Robinson	This study examines balance disturbance in PD.
The Efficacy of Visual Cues to Treat Patients with PD Experiencing Freezing of Gait (FOG) Episodes	Dr. Robinson Lisette Bunting-Perry	Study examining patients with PD who experience freezing of gait episodes when walking. This study is a 1 time assessment using a rolling walker with a light beam which is designed to break freezing episodes.
Non-Motor Fluctuations in Patients with PD: Development of a Valid, Reliable Instrument to Measure Prevalence and Severity	Dr. Kleiner-Fisman Rebecca Martine	Study using focus groups with patients and caregivers to learn more about the non-motor symptoms of PD (ie., depression, anxiety, pain, etc) in order to develop a question-naire to determine how common these symptoms are and ways to address them to improve patient's quality of life.

Helpful Resources for Patients and Caregivers



American Association of Retired Persons: www.aarp.org (1-800-424-3410) AARP is a nonprofit, membership organization for people age 50 and over dedicated to enhancing the quality of life for all as we age. AARP provides information, service and advocacy, as well as, a wide range of benefits and special products for their members.

CareGuide Inc.,: www.careguide.com (1-888-389-8839) Provides families with information needed to understand, assess, plan, manage, monitor and evaluate care for their loved ones.

Family Caregiver Alliance: www.caregiver.org
This site focuses on services in California but
provides general information useful to anyone.
Provides fact sheets on caregiver burnout and
reinforces the importance of self-care.

Parkinson's Disease Foundation: *www.pdf.org* (1-800-457-6676) PDF provides information and education to the Parkinson's community through materials, conferences and engaging in advocacy work.

The Parkinson Action Network (PAN): www.parkinsonaction.org (1-800-850-4726) PAN is a unified information and advocacy voice of the PD community. It provides information on what's happening in Congress regarding PD research.

Social Security Administration: www.ssa.gov (1-800-772-1213) Provides a wealth of information on Social Security Retirement and Disability benefits including Medicare and Medicaid programs.

WE MOVE: www.wemove.org This is a not-for-profit organization committed to providing education and information to healthcare professionals, patients, and the public about neurological disorders.

Donations

The PADRECC would like to acknowledge the generous donations that were made to the PADRECC in memory of Michael J. Kane, Jr.

From: V. Miriam Moore Elizabeth and Richard MacQuaid Pennypack Woods Sunshine Club Wanda E. Kramer

Slack, Incorporated

Solution to the Crossword Puzzle



What's New At the PADRECC

Dr. Kleiner-Fisman, Dr. Tsao-Wei Liang, Dr. Grace Liang, and Julia Howard, MS, CCC-SLP are new members of the PADRECC Team.

Dr. Kleiner-Fisman recently received grant funding to support her new study: Non-Motor Fluctuations in Patients with PD: Development of a Valid, Reliable Instrument to Measure Prevalence and Severity, that is now being conducted.

Lisette Bunting-Perry received grant funding to support her new study: The Efficacy of Visual Cues to Treat Patients with PD Experiencing Freezing of Gait (FOG) Episodes, that is now being conducted.

The PADRECC is in the process of developing a new website to provide patients and family members with information on the PADRECC and PD.

Keep your eyes out for the next Patient Education Fair coming this Spring.



2004 Federal Holidays



The PADRECC will be closed the following days in Observance of the Federal Holidays. If you are having a medical emergency please go to your local Hospital Emergency Room. Otherwise please call us back during normal working hours after the holiday and we will be sure to get back to you. Thank you.

January 19, 2004: Martin Luther King Jr.'s Birthday February 16, 2004: George Washington's Birthday May 31, 2004: Memorial Day

July 5, 2004: Independence Day September 6, 2004: Labor Day

October 11, 2004: Columbus Day
November 11, 2004: Veteran's Day
November 25, 2004: Thanksgiving Day
December 24, 2004: Christmas Day

New Years Day

December 31, 2004:

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